

Died at

Town

Ventura

County

Baker

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

06

Jan 20

Age

-- 21

md

Occupation

none

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Frank Baker

Mother's

Maiden Name

Miss Bullock

Cause of

Primary

Inanition

How long sick

Death

Immediate

(15)

Three weeks

Accident, Suicide, Homicide

Reported by

P R + wife md  
Went to [redacted] md ✓

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

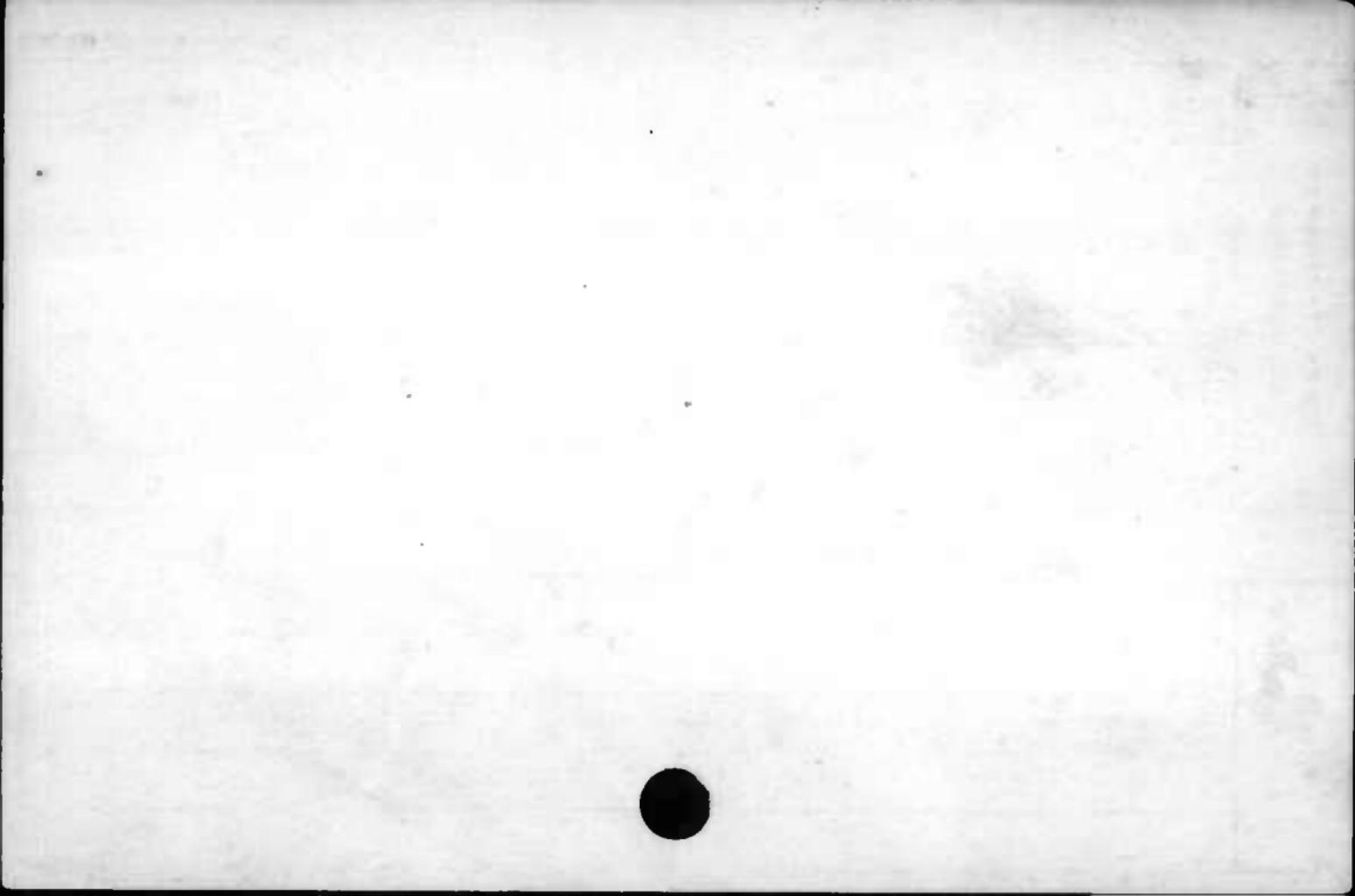
Cade

## CERTIFICATE OF DEATH

Died at W. Luckalow		Town		County		MARYLAND	
Date of death	1906	Month	January	Day	4	Years	3
Age		Color or Race	White	Birth- place		Days	7
Sex	Male	Where Residing if not at place of death					
Occupation							
Married, Single or Widowed					Name of Wife or Husband		
Father's Name	Nathan Cade.				Father's Birthplace		
Mother's Maiden Name	Mary Richardson				Mother's Birthplace		
Name of person giving Information	Nathan Cade				How related to deceased		

## CAUSES OF DEATH

Primary	Broncho Pneumonia		How long	8 day
Immediate	Dyspnoea		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. H. Miller	
		Address	1010 N. Main	
Accident or Suicide?				



Name  
in  
Full

Robert Dickinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Jan	9	80	3	3	
Sex	Male	Color or Race	Caloned	Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death	Preston Md		
Married, Single or Widowed	Widower	Name of Wife or Husband	-			
Father's Name	Dont know		Father's Birthplace	-		
Mother's Maiden Name	Dont know		Mother's Birthplace	-		
Name of person giving Information	John H Johns		How related to deceased	None		

CAUSES OF DEATH

Primary

Inflammation of lungs

(154)

How long

18 mos

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

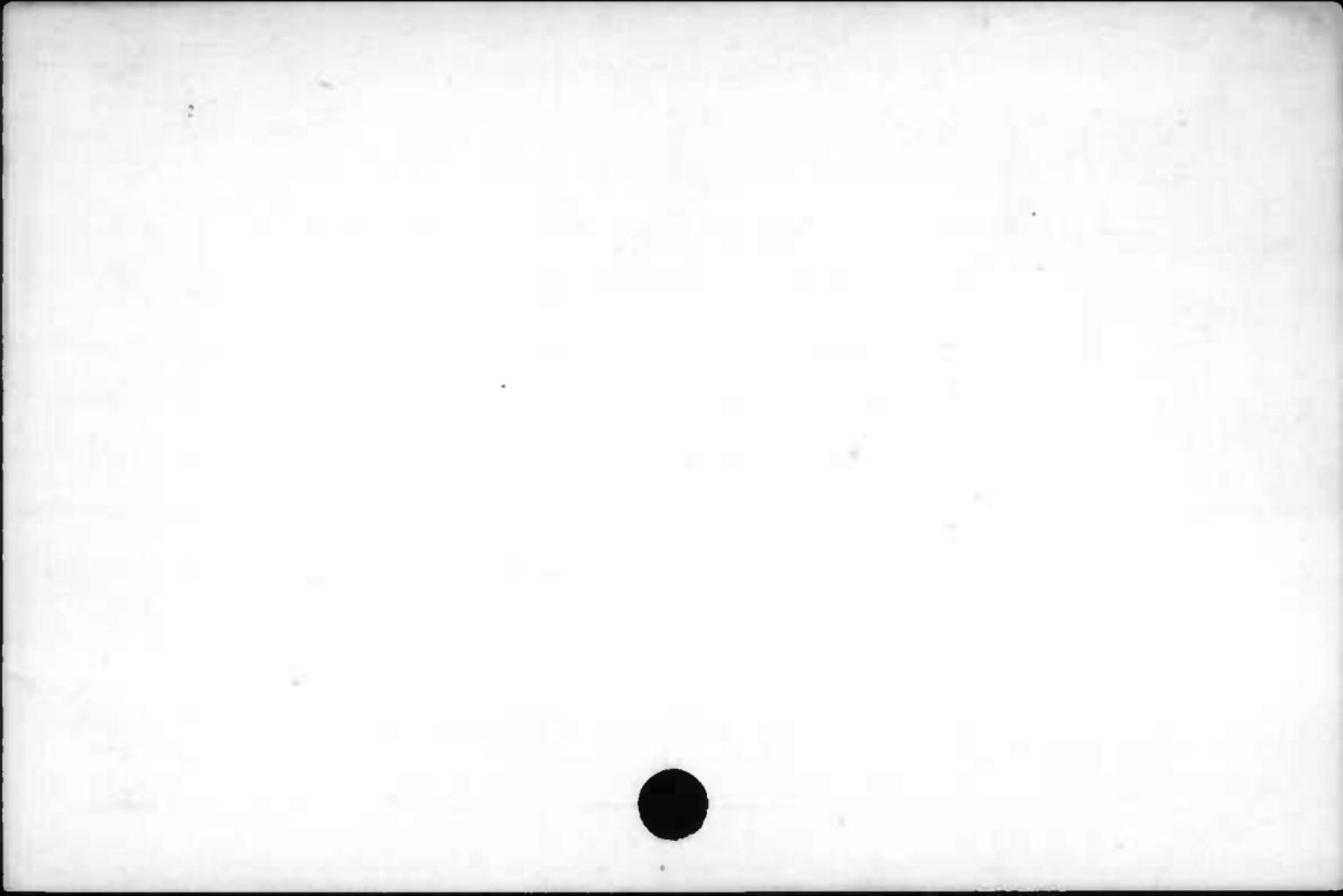
Yes

Signature of Physician

J L Noble MD  
Preston Md

Accident or Suicide?

V



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Denton</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>5</u>	Years <u>78</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Judah</u>					
Mother's Maiden Name	<u>Rev. William Lewis</u>					
Name of person giving information						

CAUSES OF DEATH

Primary Fracture of Femur 164 How long

Immediate exhaustion How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

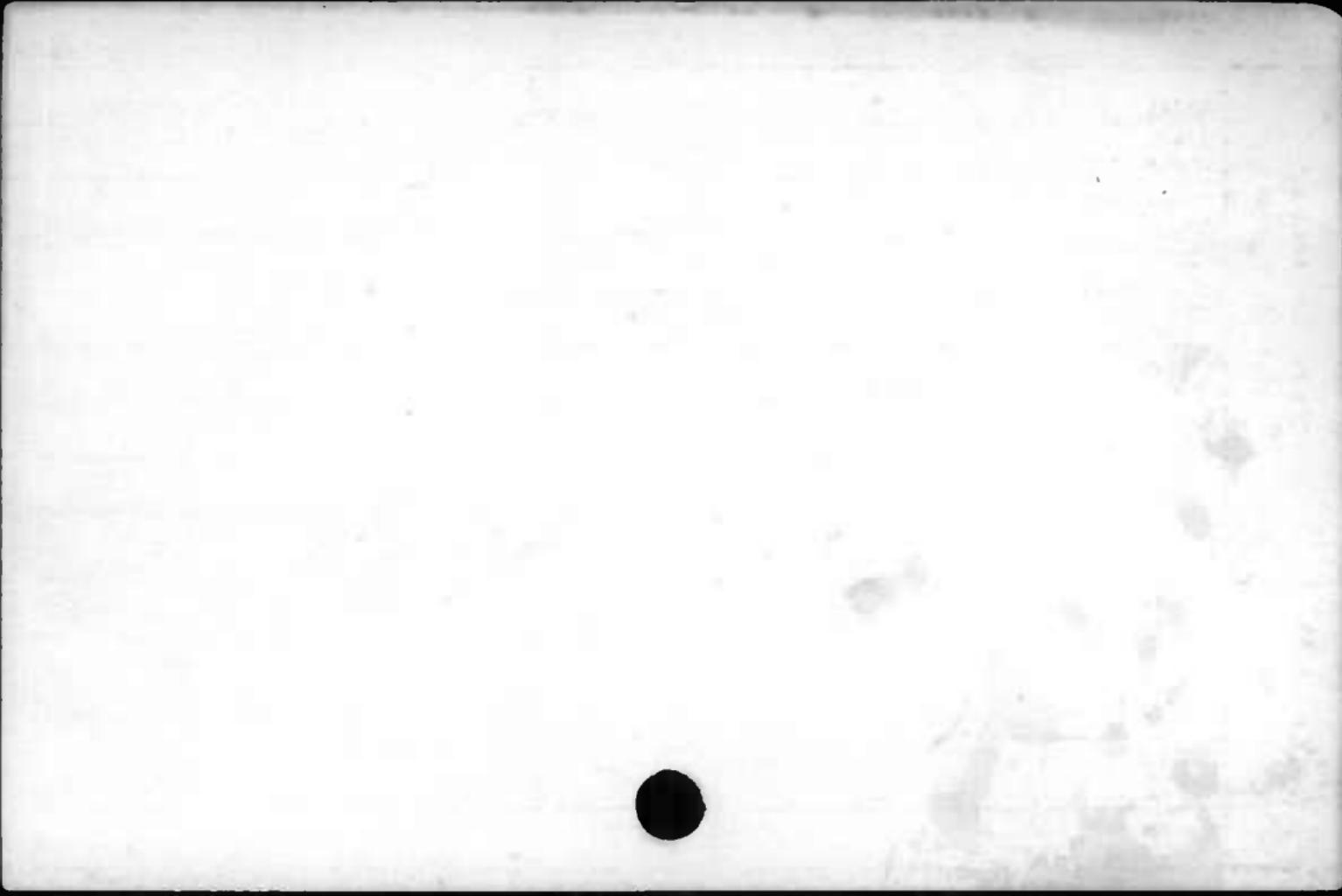
Signature of Physician

J. H. Nichols M.D.

Address

Denton Md

Accident or Suicide? —



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

E. James Hubbard					CERTIFICATE OF DEATH		
Died at <u>near Frostow</u>		County <u>Panoline</u>		MARYLAND			
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>7</u>	Age <u>69</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>Maryland</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Emely Hubbard</u>						
Married, Single or Widowed	Name of Wife or Husband <u>Emely Hubbard</u>	Father's Birthplace <u>Maryland</u>					
Father's Name <u>Peter Hubbard</u>	Mother's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Makala</u>	How related to deceased <u>Son-in-law</u>						
Name of person giving information <u>Harrison Hubbard</u>							
CAUSES OF DEATH							
Primary	<u>Bright's Disease</u>						<u>20</u>
Immediate	<u>Trokey</u>						<u>How long</u> <u>1 year</u>
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<u>J. A. Hobart</u>		
			Address		<u>Frostow</u>		
Accident or Suicide?					<u>✓ Md.</u>		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J. M. K. Krimming

CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND
Date of death	Month	Day	Years	Munths Days
Died at <i>Federalsburg</i>			<i>Caroline</i>	
1906	Jan	16	73	
Sex	male	Color or Race	white	Birth- place
Occupation	Pensioner	Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband		
Father's Name			Father's Birthplace	
Mother's Maiden Name			Mother's Birthplace	
Name of person giving Information	<i>D G Krimming</i>		How related to deceased	Son

CAUSES OF DEATH

Primary

*Catarrhal Pneumonia*

92

How long

10 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

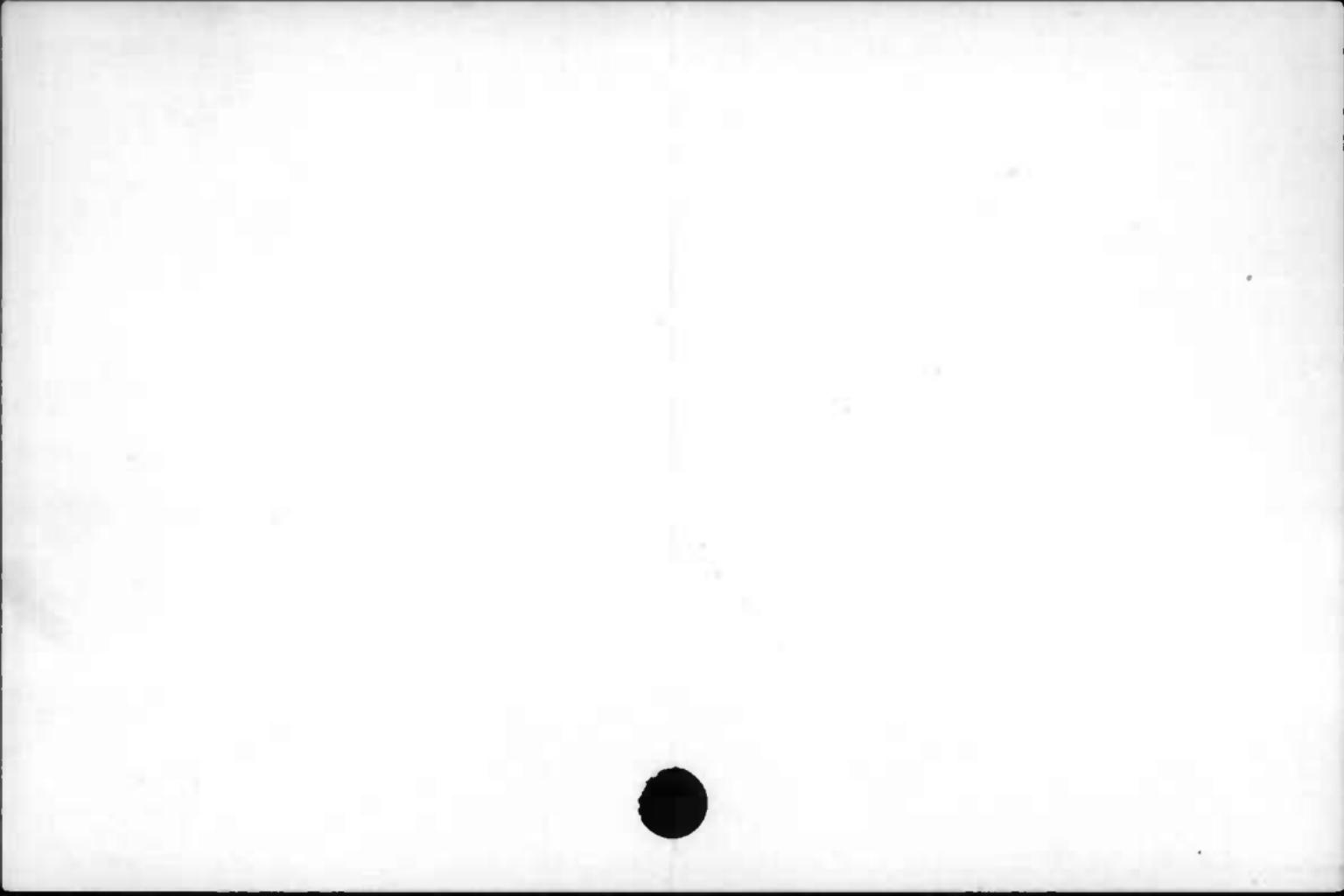
yes

Signature of  
Physician

Address

*R. Kemp Jefferson*

Accident or Suicide?



Name  
in  
Full

Lucy Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month Jan	Day	Years	Months	Days
Sex	Frye all	Color or Race	Age Stillborn			
Occupation	Servant		Where Residing if not at place of death		Maryland	
Married, Single or Widowed	Single	Name of Wife or Husband	Had none			
Father's Name	Joseph Surbett		S.		Father's Birthplace	Delaware
Mother's Maiden Name	Lydney		S.		Mother's Birthplace	Maryland
Name of person giving information	Mrs. T. P. L. Lounsherry				How related to deceased	None

## CAUSES OF DEATH

Primary

Stillborn

How long

-

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

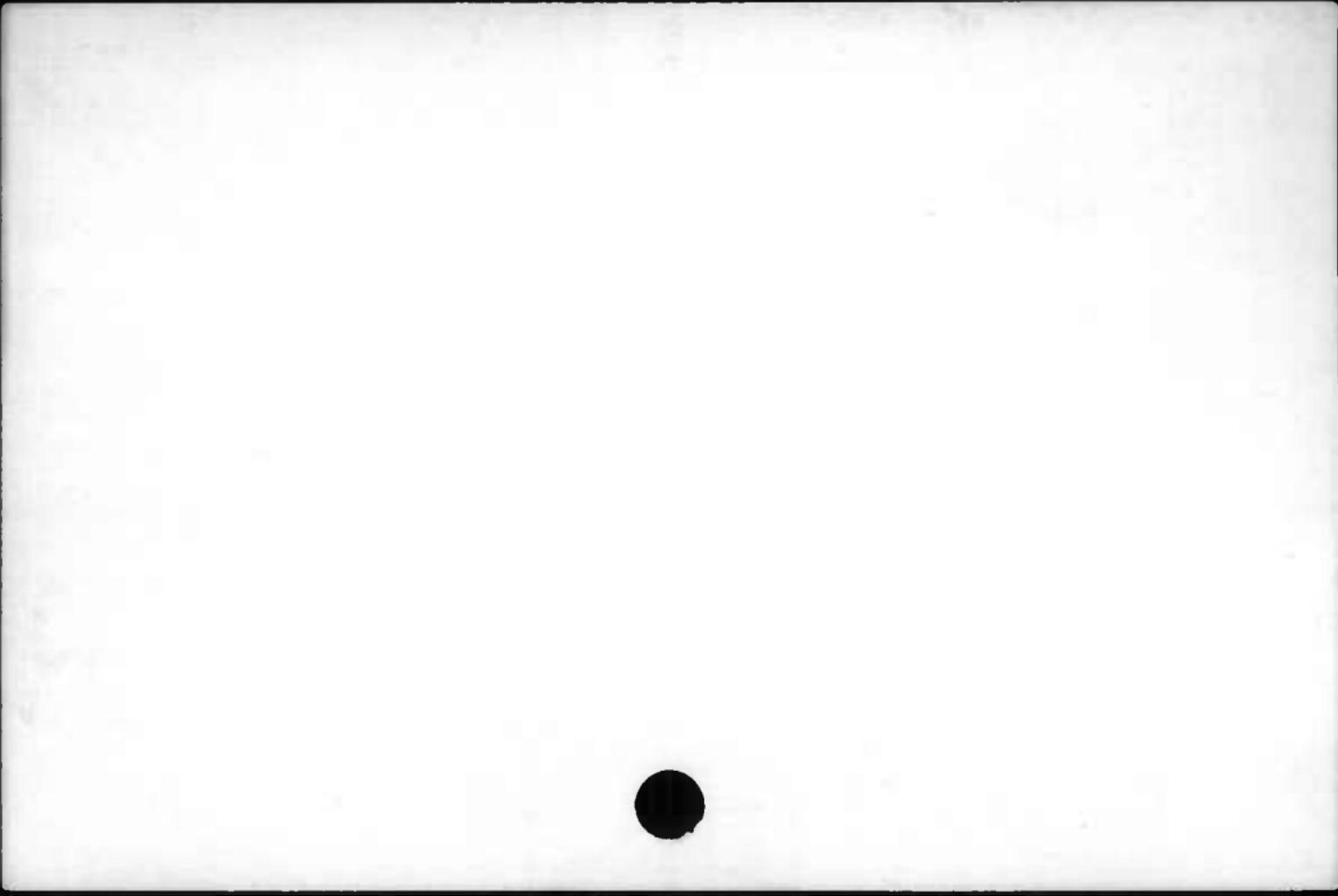
Signature of Physician

Address

Enoch George MD  
Denton Corbin Co

Accident or Suicide?

Ned



Name  
in  
Full

Thomas F. Morgan

CERTIFICATE OF DEATH

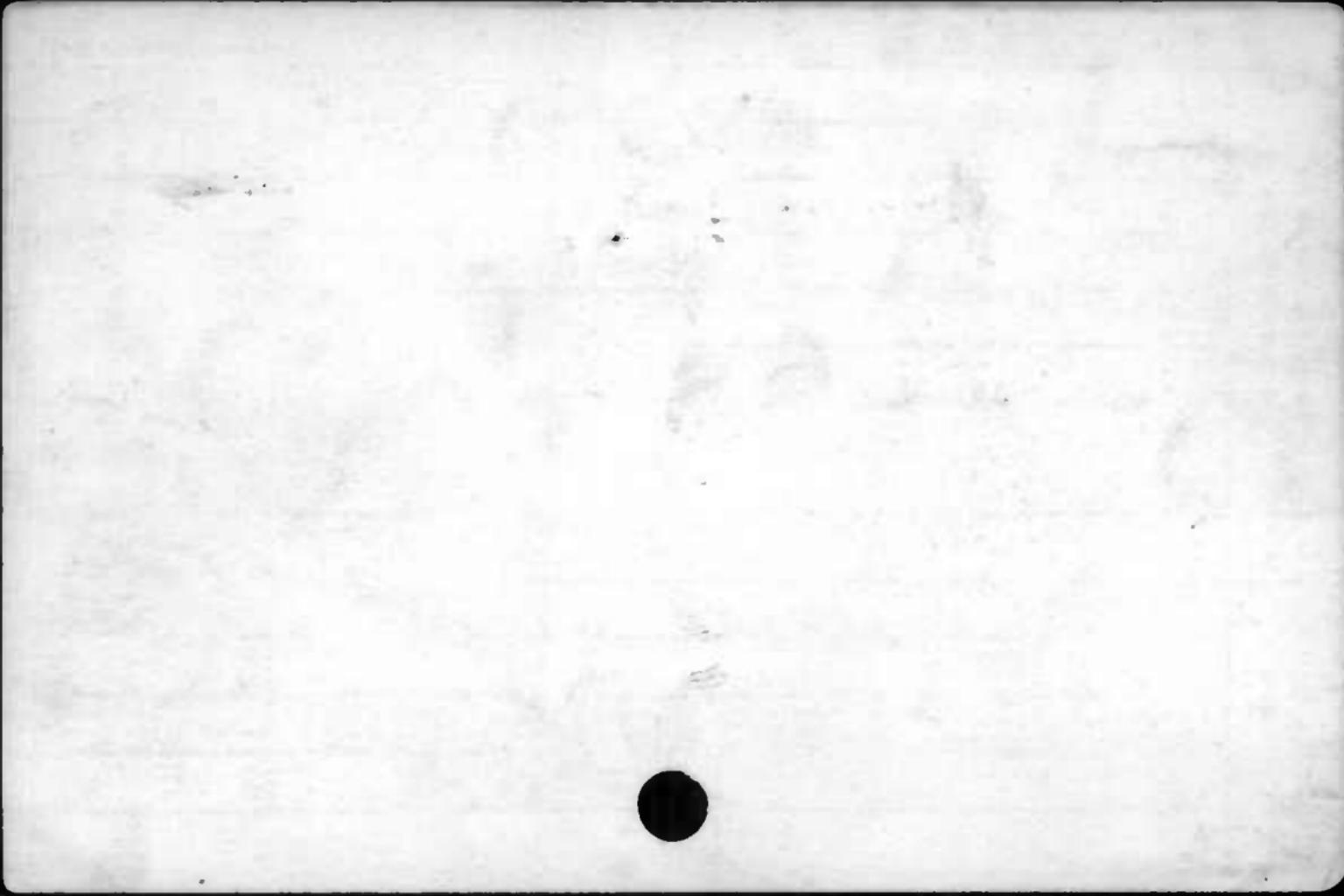
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	White	Birth-place	2nd	
Occupation	Where Residing if not at place of death					Same
Married, Single or Widowed	Name of Wife or Husband		Fannie M. Clarke.			
Father's Name	John F. Morgan		Wel			
Mother's Maiden Name	Elizabeth F. Morgan		Sel			
Name of person giving Information	Fannie Morgan		Wife			

CAUSES OF DEATH

Primary	Cochlear Tuberculosis 4 year		How long
Immediate	Same		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
	✓		Address
Accident or Suicide?	No		2nd



Name  
in  
Full

Charles H. Perry

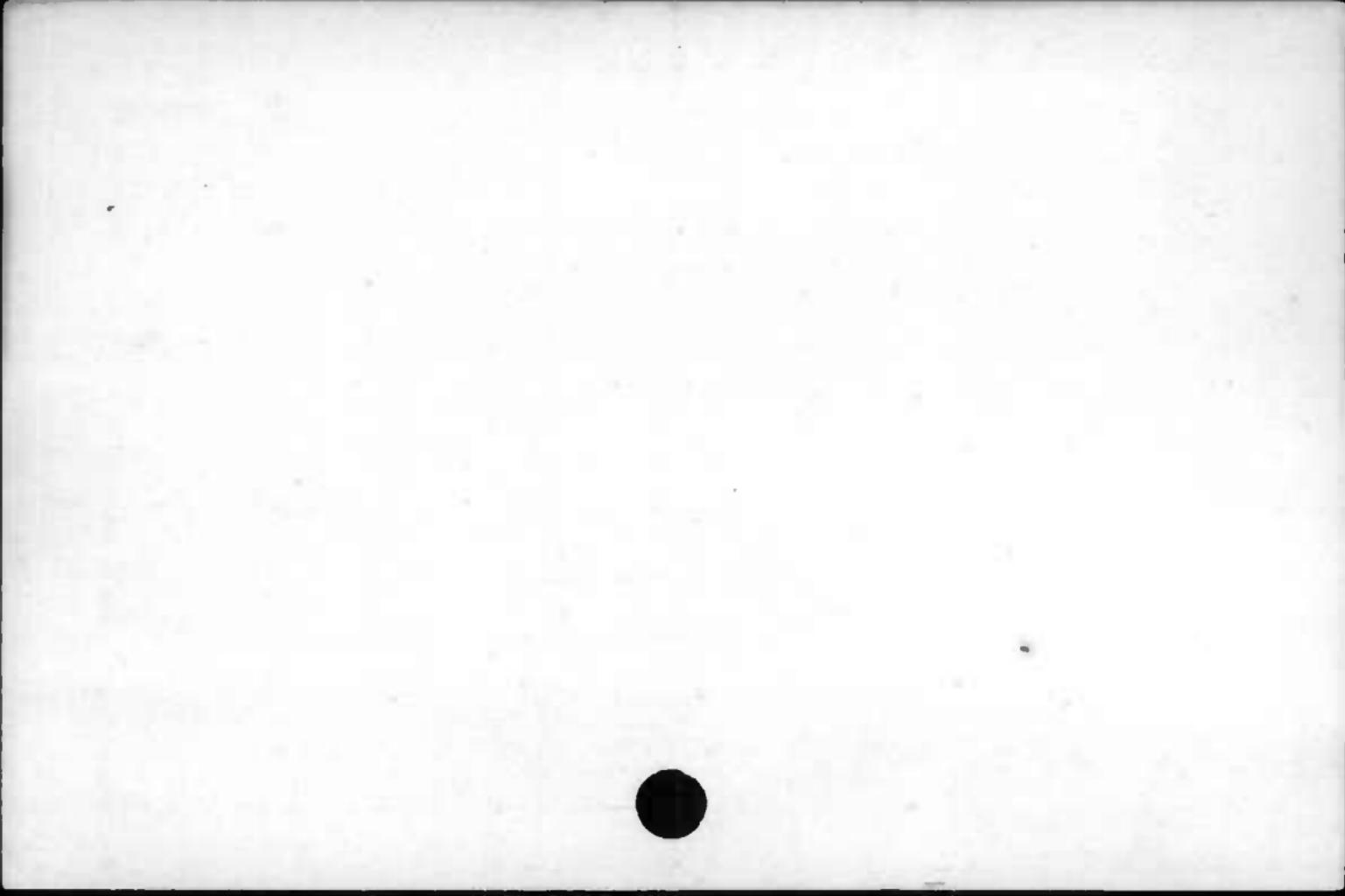
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Preston</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>31</u>	Years <u>26</u>	Age <u>26</u>	Months <u>5</u>	Days <u>13</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>				
Occupation <u>Farm</u>	Where Residing If not al place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>William Edward Perry</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Wilhelmina Davis</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>A. Nathaniel Blades</u>	How related to deceased <u>none</u>					

CAUSES OF DEATH

Primary	<u>Consumption, Pulmonary</u>		How long <u>6 months</u>
Immediate	<u>—</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>J. L. Hobler</u>	
		Address <u>Preston Md.</u>	
Accident or Suicide?	<u>✓</u>		



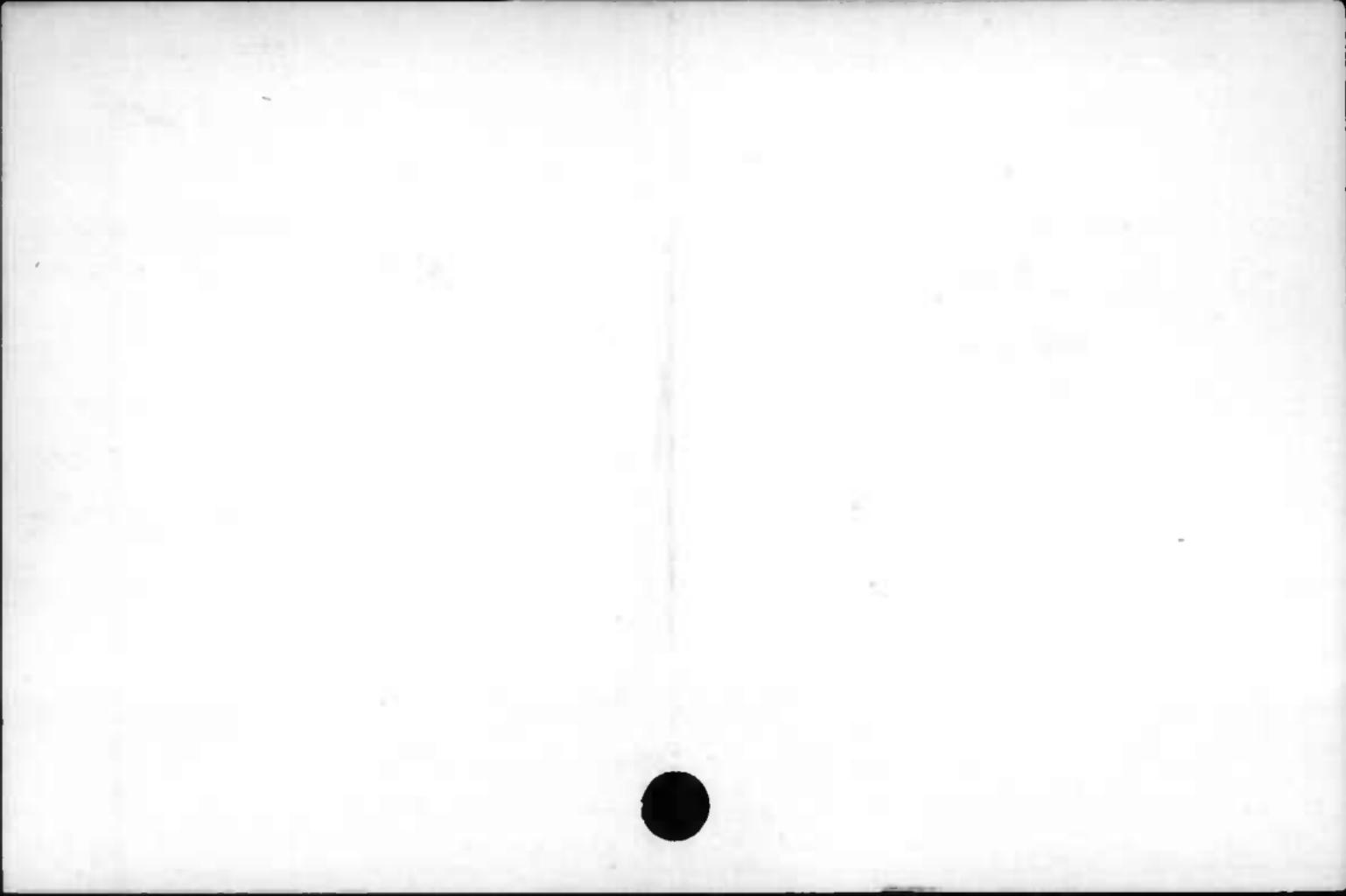
Annie M Porter

## CERTIFICATE OF DEATH

Died at <u>Smithville</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>24</u>	Years <u>70</u>	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Del</u>			
Occupation <u>Housekeeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	<u>Thomas Porter</u>			How related to deceased <u>Son</u>	

## CAUSES OF DEATH

Primary <u>Plunrisy</u>	④	How long <u>ten days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	
	Signature of Physician <u>R. Kemp Jefferson</u>	Address <u>Federalsburg Md</u>
Accident or Suicide?		



Name  
in  
Full

Myrtle Slow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving Information					

Redgely Caroline 11 27  
Female Negro Caroline Co  
Single John Slow Talbot Co  
Anne Pritchett Caroline Co  
Medford Pritchett Grandfather

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Tuberculosis

How long

34

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. F. Smith M.D.  
Capitolville Md.

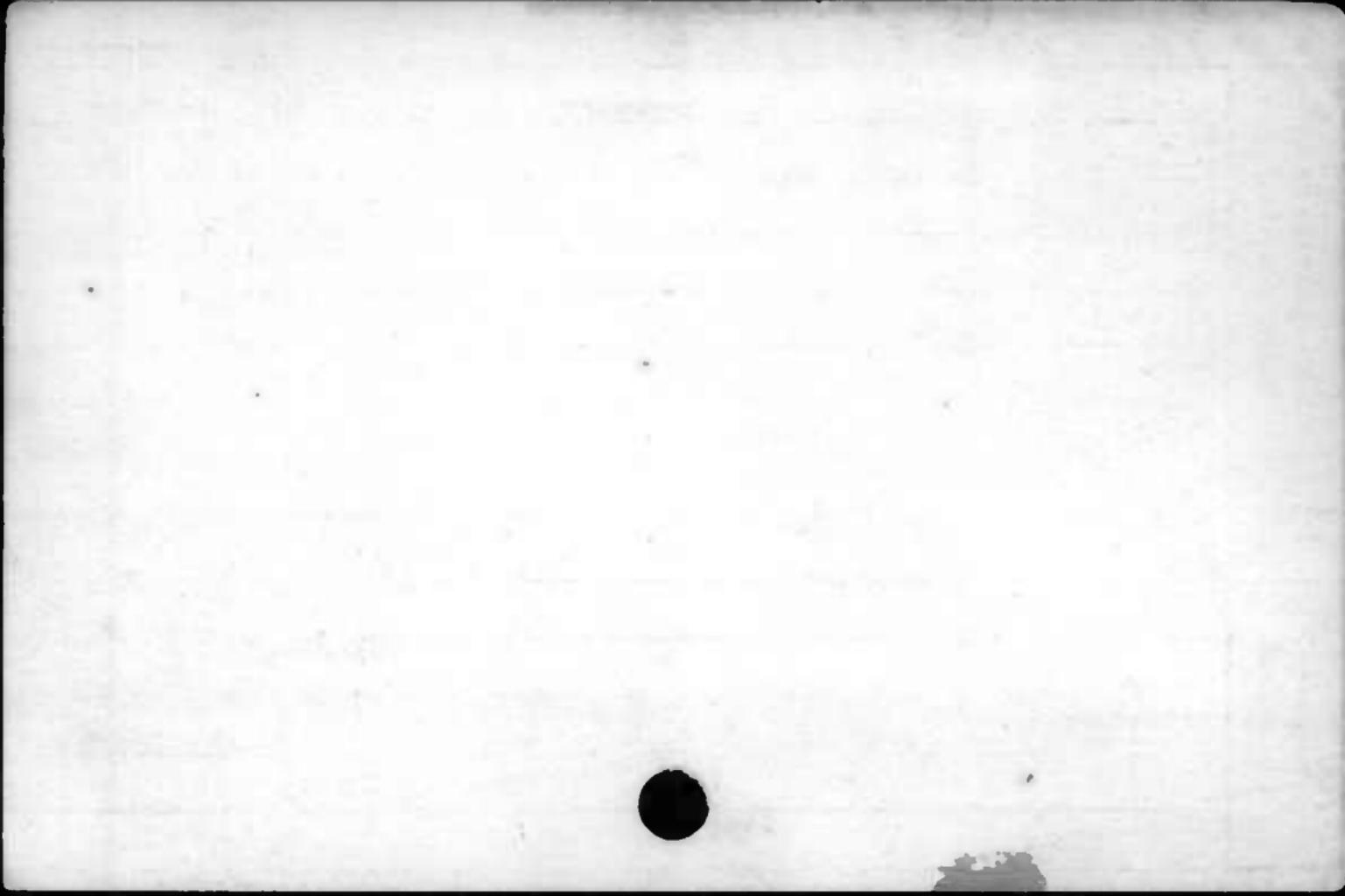
Accident or Suicide?



Samuel M. Steffy				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death		Month	Day	Years	Age	Months	Days
1906 Jan.		9th		26		.	7
Sex	Male	Color or Race	White	Birth-place			
Occupation	Engineer	Where Residing if not at place of death			Ohio		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William Steffy				Father's Birthplace Ohio		
Mother's Maiden Name	Frankley				Mother's Birthplace Ohio		
Name of person giving information	D. F. King				How related to deceased None		

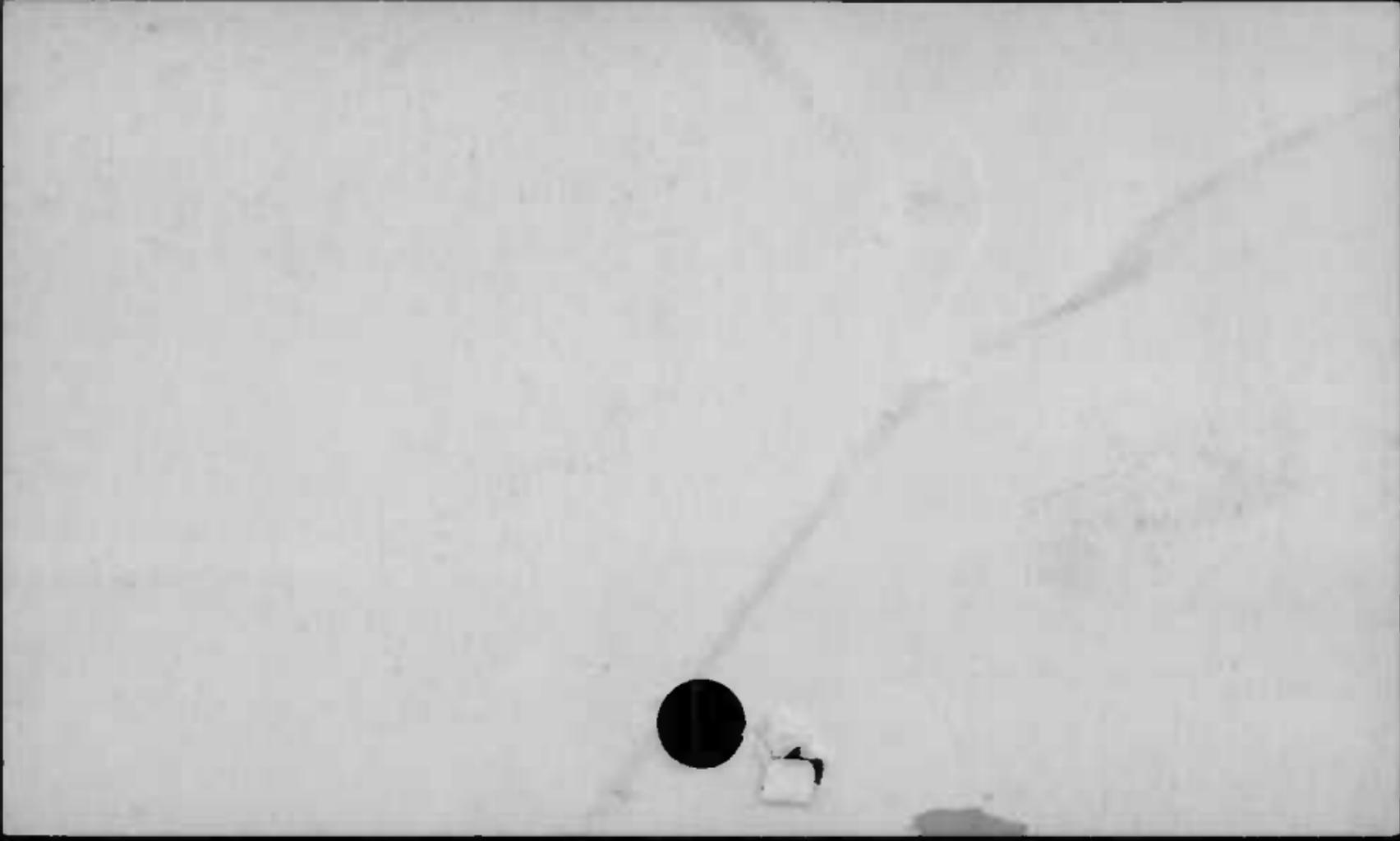
## CAUSES OF DEATH

Primary	Probably Tuberculosis	How long	one month
Immediate	Hemorrhage of lungs	How long	10 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. F. Miller
		Address	Williams Dr.
Accident or Suicide?			



Town		County		Native of		Occupation		MARYLAND	
								Died at	Two Johns
Date	1906	Month	Day	Age	9	Widow	Divorced	Number of children living	
Male		White		Married		Widower			
Female		Colored		Single					
Husband of									
Wife									
Father's Name	George Price		Mother's Maiden Name		Fazill Williams		How long sick		
Cause of Death	Primary	Diphtheria		Toxineplacisim		12 days		Accident, Suicide, Homicide	
Reported by	John DusGadway, M.D.								
Address	Fairling Creek, Md. V								

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Anna Louise Wayman

CERTIFICATE OF DEATH

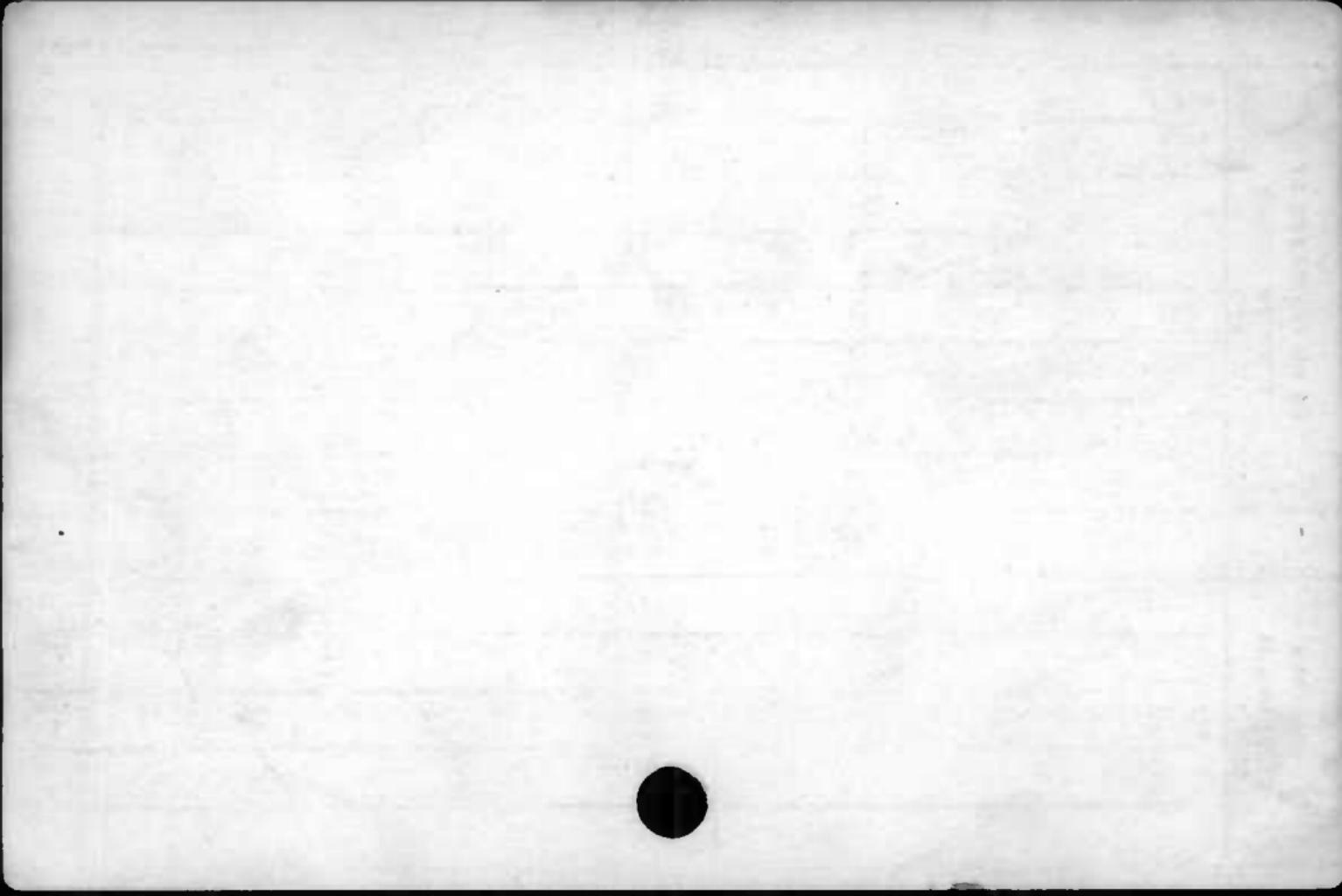
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Denton	County Caroline	MARYLAND		
Date of death	Month 1906 1	Day 18	Years —	Months 5	Days 18
Sex	Female	Color or Race Colored	Birth- place Denton		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William W. Ross			Father's Birthplace	Denton
Mother's Maiden Name	Eliza A. Wayman			Mother's Birthplace	Maryland.
Name of person giving Information	"	"	"	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	179	How long
Immediate	Marasmus	Since birth
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician G. W. Simmon.
Address	Denton.	
Accident or Suicide?	✓	



Name  
in  
Full

Francis H. Webb

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Bethelton</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>7</u>	Years <u>58</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-Place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Priscilla Webb</u>	Father's Birthplace <u>Maryland</u>			
Father's Name <u>Harmon Webb</u>	Mother's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sophia Hughes</u>	How related to deceased <u>Son-in-law</u>				
Name of person giving Information <u>William H. Stayton</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Demurria

How long

5 weeks

Immediate

Typhoid fever

How long

1 week

Are the name, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. L. Hobbs  
Oradell  
N.J.  
W. H. Stayton  
Md.

Accident or Suicide?

8

